EXHIBIT 300   **UII 024-000005397**

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2010-03-16
Date of Last Change to Activities: 2012-08-19
Investment Auto Submission Date: 2012-02-29
Date of Last Investment Detail Update: 2012-02-24
Date of Last Exhibit 300A Update: 2012-08-19
Date of Last Revision: 2012-08-19

Agency: 024 - Department of Homeland Security   **Bureau:** 55 - Immigration and Customs Enforcement

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: ICE - DRO Electronic Health Record (EHR) System

2. Unique Investment Identifier (UII): 024-000005397

Section B: Investment Detail

1. **Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

   ICE-ERO is concerned with the safety and well being of the thousands of undocumented immigrants who are processed through its detention facilities each year. As an ERO component, IHSC serves as the health authority for ICE on all matters related to detainee healthcare. IHSC healthcare includes several activities and services required by DHS to aid enforcement of immigration law and maintain national security. The eHR Program supports the DHS mission by supporting the documentation and coordination of medical services provided to ICE detainees while in custody. The Program is aligned to the Quadrennial Homeland Security Review (QHSR) Goals and Objectives (February 2010): 3.1 2 Strengthen and Effectively Administer the Immigration System; 5.2 2 Enhance preparedness; 5.3 1 Ensure Effective Emergency Response. The ERO electronic Health Records (eHR) Program is acquiring an Office of the National Coordinator for Health Information Technology or Certification Commission for Health Information Technology certified COTS/GOTS/or SaaS electronic health record system (eHR-S). The eHR-S will replace the existing environment of manual and stand-alone automated systems (CaseTrakker, MedEZ). The eHR-S will be used to support medical practitioners and staff at 22 IHSC-staffed facilities (including IHSC headquarters). ' Other beneficiaries of the eHR-S include: HHS Office of Refugee Resettlement, U.S. Border Patrol, U.S. Customs Inspections, the U.S. Marshals Service, U.S. Coast Guard, U.S. Federal Bureau of Prisons (BOP), Department of Veterans Affairs, Centers

EXHIBIT 300   **UII 024-000005397**

for Disease Control and Surveillance (CDC), state and local health agencies where ICE detention facilities are located, ICE detention support contractors, national health standards and compliance agencies, regional/national health information exchanges (HIE), and community health care providers/facilities that deliver healthcare services to detainees.' The eHR Program is dependent on other investments/projects: IHSC transition to DHS ONE Network; DHS Data Center Migration, and ENFORCE (fix for detainee system of record multiple identifier issue). eHR-S interfaces with: ENFORCE/EID, BOP Sentry, and the BOP medical record system; National/Regional HIEs to access community healthcare service providers and medical records for detainees coming into custody from jails (state, county, and city) with electronic medical records, external laboratory systems, mail-order pharmacy systems, and 3rd party eHR-S applications.

2. **How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.**

   The current systems used to oversee the healthcare provided within the ICE detained population cause duplication of effort, particularly in capturing and updating detainee information pertaining to medical conditions. Extensive effort is required to provide timely, complete accurate electronic documentation of diagnosis, treatment and accountability of activities. Current duplicate entries enhance the likelihood of human error and may delay the delivery of the appropriate care. Real-time reporting of medical information remains unavailable to IHSC to respond to requests from leadership, making it very difficult to respond quickly to inquiries regarding the detained population. The results are increased cost of care, limited quality of care improvements, increased staffing costs due to workflow inefficiency, and partially electronic medical records. Other challenges include: providing appropriate, timely information enterprise-wide to guide custody decisions (e.g. medical alerts and identification of detainees with infectious diseases like Tuberculosis); electronic tracking of medical tasks due to special medical needs of detainees; and, ensuring accurate workload reporting and quality auditing. The eHR-S solution acquired by this investment will allow IHSC to replace the legacy systems; enhance its capabilities to manage healthcare provided to detainees; improve compliance with standardized clinical practices to reduce negative patient outcomes (e.g., medication errors, unexpected detainee deaths, and limited access to healthcare); reduce costs (by eliminating duplicate data entry, medical tests, and improving data accessibility); improve communications with ICE staff to ensure that medical conditions are factored into custody and transport decisions; enhance medical management and oversight; provide data exchange/sharing capabilities to facilitate faster and timely dissemination of information; reduce risk within the overall system (both medical and legal); and, migrate paper-based medical systems to an electronic system, in compliance with federal laws and regulations. Failure to fully fund will result in: failure to address current systemic problems; failure to replace legacy Health IT applications (CaseTrakker, MedEZ, CIPS); failure to achieve improvements in medical operational effectiveness and efficiency (potentially saving $297M in cost avoidance over 10 yr); and, failure to satisfy recommendation #10 from the OIG-08-52 report.

3. **Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.**

EXHIBIT 300   **UII 024-000005397**

FY11 funding supported the program planning and acquisition of a COTS/GOTS/SaaS electronic health record solution with mimimal customization that will be delivered in phases. FY11 funding was also used to complete the eHR Acquisition and Validation Study that produced and delivered the key business and investment documents (Market Research, AoA, CBA, CEBD, LCCE); and, assessed IHSC current state staffing, data governance, and communication strategy to develop transition recommendations to assist in deployment of the EHR.

4. **Provide a list of planned accomplishments for current year (CY) and budget year (BY).**

In FY12, the program will complete the acquisition and development activities to: acquire the eHR-S Increment-1, conduct solution design and development activities; support IHSC transition preparation activities for deployment of the new solution; complete privacy act, paperwork reduction act, and security assurance clearances; conduct system user/integration/acceptance and operational test and evaluation activities; deploy the solution to the test, training, and pre-staging environments; and recieve authority to operate. In FY13, Increment 1 will be deployed to 22 IHSC staffed facilities (including IHSC HQ). Users will be trained, and initial data uploaded. Increment 1 will deliver: * Basic detainee Electronic Medical Record * Support for Delivery of Care functions - Detainee Intake Processing/Screening - Scheduling - Computerized Provider Order Entry - Encounters and provider notes - Transfer clearances and medications - Basic clinical care functions (i.e., medical, mental, health and dental) * Medication Management (Pharmacy) - Replace/Upgrade existing CIPS system - Integrate solution with EHR to support Safe Medication Practices (i.e.: 5 Rights - Right Medication, Right Dose, Right Time, Right Route, Right Patient) * Quality of Care - Procedure authorization/prescriptions - Validation of medication delivery * Administration - Better compliance data reporting - Better facility/clinical management and operational data.

5. **Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.**

2011-07-11

EXHIBIT 300   **UII 024-000005397**

Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding				
	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	$5.0	$1.1	$1.7	$0.0
DME (Excluding Planning) Costs:	$0.0	$7.3	$5.2	$5.6
DME (Including Planning) Govt. FTEs:	$0.2	$0.4	$0.5	$0.3
Sub-Total DME (Including Govt. FTE):	$5.2	$8.8	$7.4	$5.9
O & M Costs:	$0.0	$0.0	$0.0	$1.1
O & M Govt. FTEs:	$0.0	$0.0	$0.0	$0.3
Sub-Total O & M Costs (Including Govt. FTE):	0	0	0	$1.4
Total Cost (Including Govt. FTE):	$5.2	$8.8	$7.4	$7.3
Total Govt. FTE costs:	$0.2	$0.4	$0.5	$0.6
# of FTE rep by costs:	1	2	3	3

Total change from prior year final President's Budget ($)		$-3.6	$3.8	
Total change from prior year final President's Budget (%)		-29.00%	106.00%	

EXHIBIT 300   **UII 024-000005397**

2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

FY11 AM funding was increased from $7M to $8.44M due to reallocation of AM funding within ICE OCIO to increase funds available for eHR-S acquisition. FY11 AM funds are being carried over to FY12 to support acquisition of the eHR-S in Q3 FY12. The Program was appropriated additional AM funding of $2.5M in FY12. FY12 ERO funding was decreased from $12.9M to $4.837M to reflect actual ERO eHR-S O&M funding commitment.

EXHIBIT 300   **UII 024-000005397**

Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy											
Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value ($M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
		NONE									

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

This investment is in the CPIC Select stage and is undergoing the DHS acquisition review process in accordance with Directive 102-01. It is in the "Analyze and Select" ARP phase and the solution contract has not yet been awarded. ERO/DIHS and OCIO are working with the Contracts Office to ensure that appropriate earned value management (EVM) language is included in the solicitation documents and resulting contracts to ensure compliance.

EXHIBIT 300   **UII 024-000005397**

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-08-19

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost ($M)
5002	eHR Acquisition & Validation Study	Generate investment documents, conduct market research, assess transition readiness.			
5001	eHR Acquisition & Deployment	Acquire and deploy Increment 1 of an EHR.			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities ($M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance ($M)	Cost Variance (%)	Total Planned Cost ($M)	Count of Activities
5002	eHR Acquisition & Validation Study							
5001	eHR Acquisition & Deployment							

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
5002	Project Planning	Base Period - Project	2010-10-18		2010-10-18	133	0	0.00%

EXHIBIT 300   **UII 024-000005397**

			Key Deliverables					
Project Name	**Activity Name**	**Description**	**Planned Completion Date**	**Projected Completion Date**	**Actual Completion Date**	**Duration (in days)**	**Schedule Variance (in days)**	**Schedule Variance (%)**
	Phase	Planning Phase - Plan fact-finding site visits, identify research questions, obtain templates, schedule interviews.						
5002	Project Initiation Phase	Base Period Project Initiation Phase - prepare project plan, orient team, conduct background research.	2010-11-30		2010-11-30	182	0	0.00%
5002	Project Closure Phase	Base Period - Prepare and deliver briefings on key deliverables produced, revise documentation based on feedback.	2010-12-07		2010-12-07	7	0	0.00%
5002	Project Execution Phase	Base Period - Project Execution Phase - Conduct market research, fact-finding, produce market research, investment, acquisition documents and briefings.	2010-12-30		2010-12-30	206	0	0.00%
5002	Project Planning Phase	Option Period #1: Project Planning - plan and schedule interviews, data collection activities, develop deliverable outlines.	2011-02-15		2011-02-15	69	0	0.00%
5002	Project Initiation Phase	Milestone: Option Period # 1 Project Initiation Phase - prepare Option period project plan, orient new staff.	2011-02-28		2011-02-28	82	0	0.00%
5002	Project Initiation Phase	Option Period #2: prepare Option period project schedule,	2011-04-08		2011-04-08	4	0	0.00%

EXHIBIT 300

UII 024-000005397

				Key Deliverables				
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
		staffing plan.						
5002	Project Execution Plase	Option Period #1: Collect data, conduct interviews, draft reports, revise reports as needed.	2011-04-22		2011-04-22	135	0	0.00%
5002	Project Closure Phase	Option Period #1: Complete deliverables, prepare and conduct briefings on deliverables, revise as needed.	2011-04-25		2011-04-25	6	0	0.00%
5002	Project Planning Phase	Option Period #2: Plan and schedule data collection activities and interviews.	2011-05-03		2011-05-03	32	0	0.00%
5002	Project Execution Phase	Option Period #2: Provide continued support and revisions of the eHR Program market research, investment, and acquisition documents.	2011-07-15		2011-07-15	105	0	0.00%
5002	Project Closeout	Contract: Submit final project status reports and invoice, conduct lessons learned analysis, cleanup project SharePoint folders, debrief staff, return GFI/GFE, release staff for other assignments.	2011-07-15		2011-07-15	1	0	0.00%

EXHIBIT 300

UII 024-000005397

Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
NONE								